

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>157593</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/15/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MULBERRY COMMUNITY HEALTH SERVICES</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>502 W JACKSON ST</b> <b>MULBERRY, IN 46058</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit to a home health agency recertification survey conducted on June 24, 25, 26, 27, and 30, 2014, that resulted in an extended survey.</p> <p>Survey Dates: August 14 and 15, 2014</p> <p>Facility #: 010480</p> <p>Medicaid Vendor #: 200863280</p> <p>Surveyor: Bridget Boston, RN, PHNS</p> <p>During this survey, two conditions and seven standard level deficiencies were determined to be corrected.</p> <p>Mulberry Community Health Services continues to be precluded from providing its own home health aide training and competency evaluation program for a period of 2 years beginning June 30, 2014, through June 30, 2016, for being found out of compliance with the Conditions of Participation 484.18 Acceptance of Patients, Plan of Care, and Medical Supervision and 484.48 Clinical records.</p> <p>Mulberry Community Health Services is in compliance with the Conditions of Participation 42 CFR 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN August 15, 2014</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.